## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or  $\underline{\underline{\mathcal{D}}}$  ocket Number

16676105

| CLAIMS AS FILED - PART I (Column 1) (C                                                                                                                                                                                                                                                                              |                                                    |                                           |                 |                                |                     | (Column 2) SMALL ENTITY TYPE TYPE |                   | ENTITY                 | OR   | OTHER THAN<br>OR SMALL ENTITY |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------|-----------------|--------------------------------|---------------------|-----------------------------------|-------------------|------------------------|------|-------------------------------|------------------------|
| TC                                                                                                                                                                                                                                                                                                                  | TAL CLAIMS                                         |                                           | 24              |                                |                     | -                                 | RATE              | FEE                    | 1    | RATE                          | FEE                    |
| FO                                                                                                                                                                                                                                                                                                                  | R                                                  |                                           | NUMBER FILED    |                                | NUMBER EXTRA        |                                   | BASIC FE          | E 385.00               | OR   | BASIC FEE                     | 770.00                 |
| то                                                                                                                                                                                                                                                                                                                  | TAL CHARGEA                                        | BLE CLAIMS                                | 24 minus 20=    |                                | * 4                 |                                   | X\$ 9=            |                        | OR   | X\$18=                        | 72                     |
| INC                                                                                                                                                                                                                                                                                                                 | EPENDENT CL                                        | 3 mir                                     | 3 minus 3 =     |                                | * Q                 |                                   |                   | OR                     | X86= |                               |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                                                                                    |                                                    |                                           |                 |                                | <u>'</u>            |                                   | +145=             |                        | OR   | +290=                         |                        |
| * If the difference in column 1 is less than zero, enter                                                                                                                                                                                                                                                            |                                                    |                                           |                 |                                |                     | olumn 2                           | TOTAL             |                        | OR   | TOTAL                         | Ç42_                   |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                       |                                                    |                                           |                 |                                |                     |                                   | SMALI             | . ENTITY               | OR   | OTHER<br>SMALL I              |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                         |                                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUMI<br>PREVIO<br>PAID | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA                  | RATE              | ADDI-<br>TIONAL<br>FEE |      | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                     | Total                                              | *                                         | Minus           | **                             |                     | =                                 | X\$ 9=            |                        | OR   | X\$18=                        |                        |
|                                                                                                                                                                                                                                                                                                                     | Independent                                        | *                                         | Minus           | ***                            |                     | =                                 | X43=              |                        | OR   | X86=                          |                        |
| Ĺ                                                                                                                                                                                                                                                                                                                   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM     |                                           |                 |                                |                     |                                   | +145=             |                        | OR   | +290=                         | -                      |
|                                                                                                                                                                                                                                                                                                                     |                                                    |                                           |                 |                                |                     |                                   | TOTA              |                        |      | TOTAL<br>ADDIT, FEE           |                        |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                    |                                                    |                                           |                 |                                |                     |                                   |                   |                        |      |                               |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                                         |                                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY        | PRESENT<br>EXTRA                  | RATE              | ADDI-<br>TIONAL<br>FEE |      | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                     | Total                                              | *                                         | Minus           | **                             |                     | =                                 | X\$ 9=            |                        | OR   | X\$18=                        |                        |
|                                                                                                                                                                                                                                                                                                                     | Independent                                        |                                           |                 |                                |                     | X43=                              |                   | OR                     | X86= |                               |                        |
|                                                                                                                                                                                                                                                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM     |                                           |                 |                                |                     |                                   |                   |                        | OR   | +290=                         |                        |
|                                                                                                                                                                                                                                                                                                                     |                                                    |                                           |                 |                                |                     |                                   | TOTA<br>ADDIT. FE |                        | OR   | TOTAL<br>ADDIT. FEE           |                        |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                    |                                                    |                                           |                 |                                |                     |                                   |                   |                        |      |                               |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                         |                                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY        | PRESENT<br>EXTRA                  | RATE              | ADDI-<br>TIONAL<br>FEE |      | RATE                          | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                     | Total                                              | *                                         | Minus           | **                             |                     | = .                               | X\$ 9=            |                        | OR   | X\$18=                        |                        |
|                                                                                                                                                                                                                                                                                                                     | Independent                                        | *                                         | Minus           | ***                            |                     | <u> </u>                          | X43=              |                        | OR   | X86=                          |                        |
|                                                                                                                                                                                                                                                                                                                     | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +14 |                                           |                 |                                |                     |                                   |                   |                        | OR   | +290=                         |                        |
| * (                                                                                                                                                                                                                                                                                                                 | f the entry in colu                                | mn 1 is less than th                      | e entry in colu | mn 2, write                    | "0" in col          | lumn 3.                           | TOTA              | -                      | OB.  | TOTAL                         |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                    |                                           |                 |                                |                     |                                   |                   |                        |      |                               |                        |